

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2**  
**Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)**  
 290 Broadway - 21<sup>st</sup> Floor  
 New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification <i>2015.1007.1896</i>
I. TYPE OF NOTIFICATION (O = Original / R = Revised / E = Emergency) :			
II. FACILITY INFORMATION ( Identify owner, removal contractor, and other operator)			
OWNER: <i>Queens college</i>			
Address: <i>65-30 Kissewa Boulevard</i>			
City: <i>Flushing</i>	State: <i>NY</i>	ZIP: <i>11367</i>	
Contact: <i>Jorge YAFAR</i>	Tel: <i>718-997-2853</i>		
REMOVAL CONTRACTOR: <i>micro tech contracting</i>			
Address: <i>38 Kean street</i>			
City: <i>west Babylon</i>	State: <i>NY</i>	ZIP: <i>11756</i>	
Contact: <i>Peter Starano</i>	Tel: <i>631-293-5559</i>		
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:	Tel:		
III. TYPE OF OPERATION ( D = Demolition / R = Renovation) : <i>R</i>			
IV. IS ASBESTOS PRESENT? (Yes/No): <i>YES</i>			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: <i>RAZARAN HALL</i>			
Address: <i>65-30 Kissewa Blvd</i>			
Address: <i>B</i>			
City: <i>Flushing</i>	State: <i>NY</i>	County: <i>Queens</i>	
Site Location: <i>Queens college rooms - 347, 247, HALL 2C07, 287, 287A, 287B</i>			
Building Size:	SqMeter:	SqFt:	# of Floors: <i>3</i>
Age in Years: <i>44</i>			
Present Use: <i>School - college</i>		Prior Use: <i>School college</i>	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <i>Bulk Sample</i>			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed		Non-friable Asbestos Material not to be removed
	Category I		Category II
Pipes - Linear Feet	<i>400 feet</i>		
Pipes - Linear Meters			
Surface Area - Square Feet	<i>1710 Square</i>		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: <i>10-21-14</i> Completion: <i>9-21-15</i>			
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:			

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Spot Demolition & Removal of ACM via wet methods

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Full containment, large Project Decan, FCR 56 compliance

XII. WASTE TRANSPORTER #1

Name: Codi transportation

Address: 72 Allen Blvd

City: Farmingdale

State: NY

ZIP: 11735

Contact Person: Don

Telephone: 631-694-6001

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: Southern Alleghenias

Address: 843 Miller Pickins Road

City: Davidsville

State: PA

ZIP: 15928

Telephone: 814-479-2483

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 7 year after promulgation).

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

Date